

**Application Data Sheet****Application Information**

Application number::

Filing Date::

Application Type:: Utility

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: no

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: OPIOID DELIVERY SYSTEM

Attorney Docket Number:: 31167-2023

Request for Early Publication?: no

Request for Non-Publication?: no

Suggested Drawing Figure: 1

Total Drawing Sheets:: 18

Small Entity?:: yes

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

**1. Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full  
Given Name:: Steven  
Middle Name:: Louis  
Family Name:: Shafer  
Name Suffix:: Mr.  
City of Residence:: Mountain View  
State or Province of Residence:: California  
Country or Residence:: USA  
Street of mailing address:: 531 Sullivan Drive  
City of mailing address:: Mountain View  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94041

**2. Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full

Given Name::	Orlando
Middle Name::	Ricardo
Family Name::	Hung
Name Suffix::	Mr.
City of Residence::	Halifax
State or Province of Residence::	Nova Scotia
Country or Residence::	Canada
Street of mailing address::	933 Greenwood Avenue
City of mailing address::	Halifax
State or Province of mailing address::	Nova Scotia
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	B3H 3L1

**3. Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full
Given Name::	Diana
Middle Name::	Helen
Family Name::	Pliura
Name Suffix::	Ms.
City of Residence::	Mississauga
State or Province of Residence::	Ontario
Country or Residence::	Canada
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City of mailing address:: Mississauga  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: L5M 5A2

**Correspondence Information**

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Name:: Torys LLP - Dolly Kao, Reg. No.  
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<b>Representative Information</b>		
Representative Customer Number::	33721	

<b>Domestic Priority Information</b>			
<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application is a	Non-provisional of	60/450,333	02/28/2003